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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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EXAMINER
RIMELL, SAMUEL G

ART UNIT	PAPER NUMBER
2175	

DATE MAILED: 11/20/2002

Please find below and/or attached an Office communication concerning this application or proceeding.

Office Action Summary	Application No. 09/458,899	Applicant(s) WARD, STEPHANIE	
	Examiner Sam Rimell	Art Unit 2175	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If the period for reply specified above is less than thirty (30) days, a reply within the statutory minimum of thirty (30) days will be considered timely.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133).
- Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☐ Responsive to communication(s) filed on _____ .

2a)☐ This action is **FINAL**. 2b)☒ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) 1-13 is/are pending in the application.

4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) 1-13 is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

11)☐ The proposed drawing correction filed on _____ is: a)☐ approved b)☐ disapproved by the Examiner.

If approved, corrected drawings are required in reply to this Office action.

12)☐ The oath or declaration is objected to by the Examiner.

Priority under 35 U.S.C. §§ 119 and 120

13)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

a)☐ All b)☐ Some * c)☐ None of:

1.☐ Certified copies of the priority documents have been received.

2.☐ Certified copies of the priority documents have been received in Application No. _____ .

3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

14)☐ Acknowledgment is made of a claim for domestic priority under 35 U.S.C. § 119(e) (to a provisional application).

a) ☐ The translation of the foreign language provisional application has been received.

15)☐ Acknowledgment is made of a claim for domestic priority under 35 U.S.C. §§ 120 and/or 121.

SAM RIMELL
PRIMARY EXAMINER

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) ☐ Information Disclosure Statement(s) (PTO-1449) Paper No(s) _____ .
4) ☐ Interview Summary (PTO-413) Paper No(s). _____ .
5) ☐ Notice of Informal Patent Application (PTO-152)
6) ☐ Other:

Claims 1-13 are rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.

In claim 1, "said critical personal information" lacks antecedent basis.

The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

> A person shall be entitled to a patent unless –
>
> (e) the invention was described in a patent granted on an application for patent by another filed in the United States before the invention thereof by the applicant for patent, or on an international application by another who has fulfilled the requirements of paragraphs (1), (2), and (4) of section 371(c) of this title before the invention thereof by the applicant for patent.

The changes made to 35 U.S.C. 102(e) by the American Inventors Protection Act of 1999 (AIPA) do not apply to the examination of this application as the application being examined was not (1) filed on or after November 29, 2000, or (2) voluntarily published under 35 U.S.C. 122(b). Therefore, this application is examined under 35 U.S.C. 102(e) prior to the amendment by the AIPA (pre-AIPA 35 U.S.C. 102(e)).

Claims 1-13 are rejected under 35 U.S.C. 102(e) as being anticipated by Goetz et al. ('650).

Claim 1: FIG. 26 illustrates a first template which illustrates emergency contact information (a home address), medical history information (the patient's name, which is a necessary part of a medical history), and personal information (the patient's insurance company). A second template (FIG. 29) provides medication information. All of the data illustrated in FIGS. 25-43 is linked together and stored in the memory of portable device (104). Each of the screen displays of FIGS. 25-43 are linked together and form a total medical report. Each line of

each screen display is distinct report section. These sections can be reviewed by either a physician or the patient under any circumstances.

Claim 2: The first template (FIG. 26) provides for the entry of insurance data, in particular, the insurance policy number defined by the patient's insurance company.

Claim 3: The first template (FIG. 26) provides for entry of the insurance policy data, which also reads as pharmacy information, since an insurance policy can and will be used by a pharmacy.

Claim 4: The second template (FIG.29) includes a time section (the fifth line down) in which the timing of the medication is provided. Each of the times listed in the fifth line (8AM, 12 noon and 6PM) represents a separate column of data.

Claim 5: FIG. 30 provides a graphic illustration in the form of a text description (lines 1-3 of FIG. 30) which describe the appearance of each medication taken. Each graphic illustration is associated with each medication. For example, the medication Canderil shown in FIG. 29 is linked to the graphical description of Canderil in FIG. 30.

Claim 6: Any of the data shown in medical information screen of FIG. 29 reads as prescribing physician information since all of the information is provided from a prescribing physician.

Claim 7: FIG. 44 illustrates a database of medication information (206) with associated attributes, such as interactions and severities which can be reported to the patient.

Claim 8: As seen in step (214) of FIG. 44, an interaction report is generated if a drug interaction problem is detected.

Claim 9: The display screen of FIG. 40 represents a pillbox map. The information is linked to the medication information of FIG. 29, indicates a medication that needs to be taken and associates the medication with a particular time of day.

Claim 10: Any of the data displayed in FIG. 40 reads as a generated label, such as the indication of the time, or the icons for acceptance or delay of the instructions provided.

Claim 11: The display of FIG. 30 is a medication planner function, since it allows planning or replanning of the dosage scheduling. Each row includes medication information and specific times at which to take the medication.

Claim 12: Col. 6, lines 9-12 of Goetz et al. illustrates where a pharmacist can print the patient provided data on a single sheet of paper.

Claim 13: Any of the information in the screens of FIGS. 25-43 are readily observable by either the patient or medical personnel.

Any inquiry concerning this communication should be directed to Sam Rimell at telephone number (703) 306-5626.

Sam Rimell
Primary Examiner
Art Unit 2175